

# STATE FIRE MARSHAL - PLANS REVIEW FORM

700 W. State St • Boise ID 83720-0043

208-334-4370 (phone) 208-334-4375 (fax)

Date: \_\_\_\_\_ Sprinkler Contractor: \_\_\_\_\_

Project No.: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address of Project: \_\_\_\_\_

Head Count: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Location of Project: City: \_\_\_\_\_ If Not City, County: \_\_\_\_\_

Name of Fire Dept. Jurisdiction: \_\_\_\_\_

Please submit 6 sets of plans and calculations.

**Do not write below this line, for office use only**

Plans in Office ☐

Calcs in Office ☐

Reviewed by: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Amount Due Reviewer: \_\_\_\_\_

Disapproval Date: \_\_\_\_\_

**Fees are as Follows: \$2.00 Per Head - \$100.00 Minimum, \$2,000.00 Maximum**

ed date 1/2006